

February 29, 2016

Ohio Development Service Agency

77 South High Street

Columbus, Ohio 43216-1001

Attention: Mr. Mike Hiler, Deputy Chief

Dear Mr. Hiler:

552 N. Park Avenue

Warren, Ohio 44481 330-394-8831 800-522-0502

Fax: 330-394-7241
24/7 emergency & access

877-796-3555

Enclosed please find the information that was requested by Kimberly Alexander from the monitoring visit that she conducted at Coleman Professional Services on November 20, 2015.

All information requested has been provided or addressed.

If there are any questions, please contact me at 330-392-1104 or by email at <a href="mailto:tammy.weaver@colemanservices.org">tammy.weaver@colemanservices.org</a>

Sincerely,

Tammy Weaver, M. Ed., L.P.C.

Vice President of Clinical Services

TANK MAKE	THE WATER CONTRACTOR		Creauga			lence						
			ast name, suffix					N/A	Client does not know	Client refused to provide		
First	name											
Middle	e name											
Lastin	Last name Salarian											
Suffix												
Type:	Homeless	Prevention	Rapid Re-	Housing	Çasework	or dit	lane		Pai	0		
-	ICIAL ASSISTA	NCE PROVI	DED [To be rout			11/	7	/				
			1	T	T	1		<del>-</del>				
Start date (MM/DD/YYYY)	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Mot	el/hotel	Case Manageme		
0,282014	10282014	\$	\$	\$	\$	\$	\$	\$				
		\$	\$	\$	\$	\$	\$	\$				
				i i and								
	I I	\$	\$	\$	\$	\$	\$	\$				
				Energy .								
		\$	September \$	\$	\$	\$	\$	\$				
<u></u>				Janear en la								
		\$	\$ 16 (6 F)	\$	\$	\$		•				
<i></i>						Ψ	\$	\$				
			e interes									
		\$	\$	\$	\$	\$	\$ 50% = 12.00%	\$	a de la companya de			
			ental (									
/_/				\$	\$	\$	\$	\$	(Actoristical sec			
			iğiyi iği Dale Darilda									
То	tal amount		\$	\$	\$	\$	\$	\$				
							111					

D TOOLOTAILO

FOION F HAD

N. S. S. S. S. S. S. S. S.

Region 5 HIMIS EXIT F	ORM	Cheau	130 12	acc	C35	V. VI	OFFICE		
HEAD OF HOUSEHOLD CURRE	NT.NAME at 1	middle, last nam	e. kuffix (e.g.,	Jr, Sr,	III)		meaning descriptions and a figure and a first state of the same		44
						* 1			
PROGRAM EXIT DATE									
2/12/1	2015		HMIS	Murial	iov	111	230	7	
100	1015		1,1000	iariine		10	338	1	
Month Day	Year					1.50			
BEAGON COD L'EAUNIO									
REASON FOR LEAVING									
Completed program					Non	-compliance w	ith program		
☐ Criminal activity/violence						payment of re	int "		
☐ Death				0	Othe				
☐ Disagreement with rules/pers☐ Left for housing opp. Before of				n			n time allowed		
Needs could not be met	ompleting progra	itt)		П	UNK	nown/Disappe	area		
Troops pouls, not bo met					<del></del>				
DESTINATION AT EXIT									
Emergency shelter, including h	otel or motel naid	l for with	T_					<del> </del>	
emergency shelter voucher	oror or motor para	(O) Willi	□ Psy	chiatric	hospit	al or other psy	chlatric facility		
Foster care home or foster care	group home		X Ren	al by c	lient, n	nousing sub	sldy		
☐ Hospital (Non-psychlatric)	· · · · · · · · · · · · · · · · · · ·		Ren Hou	al by c	lient wi otion 8	th other (Non 1	/A) housing su	bsidy, Le. Public	ò
Hotel or motel paid for without	emergency shelf	er voucher.	☐ Reni	al by c	lient, w	th GPD or TIP	subsidy		
☐ Jall, prison or juvenile detention	facility		☐ Rent	al by cl	lent wi	h VA housing	subsidy		
☐ Long-term care facility or nursin	g home		☐ Resi	dential	project	or halfway hou	ise with no hor	neless criteria	
D Other HUD			☐ Safe	Haven					
Owned by client, no housing sub	sldy		☐ Stayl	ng or li	ving in	a family memb	er's room, apa	ntment or house	)*
Owned by client, with housing su	ibsidy		☐ Stayl	ng or li	ving in	a friend's room	, apartment or	house	
Permanent housing for formerly SHP, S+C, or SRO Mod Rehab)	homeless person	š (such as	☐ Subs	ance a	buse fr	ealment facilit	y or detox cente	er.	
Places not meant for human hab	Itation		☐ Trans	illonal	housing	for homeless	persons includ	ing homeless yo	ouths
No Exit Interview									
M.F									1
Idults Only] ANY ADULT IN T	HE HOUSEHOL	D CURRENTL	YRECEIVIN	G CAS	HINC	OME FROM	AND SOURCE	YES Y	N
Source	Amount	Recipient(s)	Source	)·			Amount	Recipient	s)
Allmony or other spousal support	\$		☐ Social S	ecurity	Income	(SSI)	\$		
Cash assistance/TANF	\$		□ Social S	ec Dise	ibility Ir	come (SSDI)	\$	,	
Child support	\$		☐ Unemplo	yment			\$	-	
Earned Income	\$			•		Disability	\$		
Pension from a former job	\$		☐ Veteran's	Pensi	on.		\$		
Retirement from Social Security	\$		☐ Worker's			n .	\$	1	
Private Disability Insurance	\$		☐ General /	Assista	nce		\$		
Other Sources? Source	· <b>\$</b>		☐ Other Source				\$		
OTAL MONTHLY HOUSEHOLD INC	CTED A	<u>,                                    </u>	adinio				-	<u> </u>	

DMI

[Adu	Its Only] ANY ADULT IN THE	HOUSEHOLD	CURI	RENTLY I	RECEIVI	NG NON	CASHING	ONE?	YES	D NO
	Source	Recipientis	)	Šou	rce			/	Recipie	unt/nl
A	Food Stamps - Amount \$ 195	Wient.	-	J TANF c		ervices			Medible	nu(a)
<u>b</u>	WIC 41	SOR,	, 8			on services	r			
Ö	Section 8, Public Housing, or other ongoing rental assistance	Bollen	my [	Other T/						
	Temporary rental assistance									
	Other:	]		Other:						
S	ousehold Members IS ANYON purce  dedicald Caul Saux		SEHO Recipie	nt(s)	Source		ISURANC		(ES []	NO Recipient(
D N	ledicare				Health in	isurance ol	otained thro	ugh COBR	Α.	
□ S	tate Children's Health Insurance Program				Pay Health			`		
	eteran's Administration (VA) Medical Serv		В			nce for Adu				
					Othic in	aidi madiai	ida ibi Addi	lta.		
DISAB	CONDITION		Dural Longe Month	r Than 3	Impairs Live Indeper	Ability to	Docume Disability Severity	ntation of	Receivi Treatme	ent for this
N	☐ Physical ☐ Developmental ☐ Mental Health ☐ HIVIAIDS ☐ ☐ Alcohol & Drug Abuse ☐ ☐		D Yes	.□ No	□ Yes	□ No	□ Yes	□ No	D Yes	□No
	□Physical □Developmental □Mental Health □HIV/AIDS □Alcohol & Drug Abuse □Do	riig Abusē	O Yes	□ No	□ Yes	ΠŅο	□ Yeş	.□ No	D Yes	□No
prizei									1	
	ITION: Housing Assessment at Ex e to maintain housing they had at project			X412 *****						
X	Without a subsidy	entry					n a tempora			
	With subsidy they had at project entry	•					a permane			
	With an on-going subsidy acquired sine	ce project entry	ם		came hon		ry housing t ing to shelte			for
П	Only with financial assistance other tha	in a subsidy		Client wer		orison				
7			1							
J Mov	ed to new housing unit			Client is d	eceased					
☐ Mov	ed to new housing unit  With an ongoing subsidy.			Client is d	.,	swer				

Granda Dograche Violence

REGION 5 HMIS	Data: INTA	KETATE	RYFORM					-				
VTAKE DATE (e.g., 05/24	<sup>72010)</sup>	1/4		PROGRAM EN	TRY DATE	12	0/4	7				
MONTH DAY	YEA	R		MONTH	DAY	YE	AR	J				
	,		RENT NAME (firs	st, middle, last nan								
First name						Middle Initial						
Last name												
JOCIAL SECURITY				DATE OF BIRT	TH (e.g., 10/23	1/1978)						
				/ O	Day		951 Year					
ZIP CODE OF LAST PERM	ANENT RESIDE	NCE		HMIS CLIENT	ID NUMBER			¥.				
4330				16	33	94						
RIMARY RACE  ☐ American Indian or	Alaskan Nafiwa /A	(/A'NI)		White (	had							
D' Asian (A)	Adakan Nauve (A	JI/ON)	· · · · · · · · · · · · · · · · · · ·	1		her Pacific Isla	inder (NH)	$\dashv$				
☐ Black / African Ame	rican (B)				now or Refus							
SECONDARY RACE								***************************************				
American Indian or	Alaskan Nalive (A	J/AN)		□ White (W)								
Asian (A)				☐ Native / Hawailan/Other Pacific Islander (NH)								
☐ Black / African Ame	rican (B)			☐ Don't Know or Refused								
ETHNICITY NETERANS S	TATUS	·		GENDER								
☐ Hispanic / Latino	,			Male		endered femal						
☐ Served in the US M	ilitary Did Not	Serve in the M	ilitary	/ D Female	Transge	endered male	to female					
PLEASE LIST ADDITIONA	L HOUSEHOLD	MEMBERS:	ΝΙΑ	_								
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY/ RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)				
George White	099-99-9999	01/01/75	W.	В	N	·M	Husband	Υ				
					. Fo							
								•				



LIST ALL HOUSEHOLI	MEMBERS WITH A	DIE SLING	CONDITION				*
NAME V/A		1	CON	NOITION	Duration Lt. ar Tha	n 3 Months	
					□ Yes □ No		
				<del></del>	DYes DNo		
					☐ Yes ☐ No		
RESIDENCE PRIOR TO			tal				
emergency shell	er, Including hotel or r er voucher	noter para for	WICO		Psychlatric hospital or oth	er psychlatric	facility
☐ Foster care home	e or foster care group	home		Ö	Refused		
☐ Hospital (Non-ps	ychlatric)		-		Rental by client, no housi	ng subskiv	
☐ Hotel or motel pa	id for without emerger	ncy shelter vo	ucher	п	Rental by client with other Public Housing/Section 8	(Non VA) hous	sing subsidy, i.e.
Jall, prison or Juv	enlle detention facility				Rental by client with VA h	ousing subsidy	
Other HUD				10	Safe Haven	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	,
	no housing subsidy				Staying or living in a family	y member's roo	m, apartment or
Owned by client,	with housing subsidy			D.	Staying or living in a friend	l's room, apartr	nent or house
Permanent housing	ng for formerly homele SRO Mod Rehab)	ss persons (s	such		Substance abuse treatment		
Places not meant	for human habitation				Transitional housing for ho homeless youths	meless person	s Including
ENGTH OF STAY AT A	BOVE						
1 week or less					More than 3 months but le	ss than 1 year	
More than 1 week	but less than 1 month	1			1 year or longer		
1 to 3 months	,						
Literally homeless Housed and at imp	ninent risk of losing ho	using		 	Housed and at-risk of losin Stably housed	g housing	
ON-CASH BENEFITS			WHO			2	WHO
Food Stamps - Am	ount \$				Veteran's Medical Services		
Medicaid	/				TANF child care Other TAN	F services	
Medicare	Alle Service and a decision				TANF transportation service	38	
WiC State Children's He	alth Insurance (Health	ly Start)			Other TANF services		
Section 8, Public Hi	ousina.				Temporary rent Other:		
	,	MOUNT	14010			<u></u>	40.00
OME WITHIN THE LAS  Allmony/spousal suppo		MOUNT	WHO		VITHIN THE LAST 30 DAYS	AMOUNT	WHO
				D SSI/S			
Cash assistance/TANF				-	ployment		
Child support				☐ Veter	an's Disability		
Income from employme	nt/wages			☐ Veter	an's Pension		
Pension from a former j	ob.			☐ Worke	er's Compensation		
Retirement-from Social	Security.	/		□ Other			
TAL MONTHLY INCOME	£ \$	Ø		TOTAL A	NNUAL INCOME: \$		
RVICES PROVIDED AT I		[					252
vice	Start Date	Direct C	costs, if an	y No	ites		
sic Needs.							
ergency Shelter se Management		1					
ntal Assistance		-	7	-			
curity Deposit		+					
itles		+					

Greange Domestic Violence HMIS Data: REGION 5 HCRP ASSISTANCE FORM

HMIS#\_\_

Total amount

C	URRI	ENT NAME (fi	irst, middle, la	st hame, suffix	(e.g., Jr, Sr,	III) [All clients	J		Client does not N/A know	Client refused to provide
F	irst n	ame								
N	Aiddle	hame								
L	ast na	ame						10000000000000000000000000000000000000		
s	uffix			1						
Туј	pe:	Homeles	s Prevention	Rapid Re-	Housing	Çaseworke	r dif	Jany	Ker	
F	INAN	CIAL ASSIST	ANCE PROVI	DED [To be rout	ed to HMIS I	Entry Person]	1/	0	,	
Start d		End date (MM/DD/YYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Case Managemer
0,28,	2014	19:18201	\$	\$	\$	\$	\$.	\$	\$	
1_1_			. \$	\$	\$	\$	\$	\$	\$	
				adiskosti. Proper	i i eta					
_ا_ا			\$	\$	\$	\$	.\$	\$	\$	
				e films dogs. Leintreit	z Enereu Dy					
]_J_			\$	\$	\$	\$	\$	\$	\$	
JJ			\$	\$	\$	\$	\$	\$	\$	The state of the s
					45 (6.15)					
JJ		1.7	\$	\$	\$	\$	\$	\$	\$	I I I I I I I I I I I I I I I I I I I
										THE STATE OF
JJ			\$	\$	\$	\$	\$	\$	\$	The state of the s

\$

Creauga Domestic Violence Region 5 HMIS EXIT FORM HEAD OF HOUSEHOLD CURRENT NAME at middle last uffix (e.g., Jr, Sr, III) PROGRAM EXIT D 163399 HMIS Number REASON FOR LEAVING Completed program Non-compliance with program Criminal activity/violence Non-payment of rent Death Other Disagreement with rules/persons Reached maximum time allowed Left for housing opp. Before completing program 0 Unknown/Disappeared Needs could not be met DESTINATION AT EXIT Emergency shelter, including hotel or motel paid for with Psychlatric hospital or other psychiatric facility emergency shelter voucher Foster care home or foster care group home Dy Rental by client, no housing subsidy ☐ Hospital (Non-psychiatric) Rental by ollent with other (Non VA) housing subsidy, i.e. Public Housing/Section 8 Hotel or motel paid for without emergency shelter voucher Rental by client, with GPD or TIP subsidy Jail, prison or juvenile detention facility Rental by client with VA housing subsidy Long-term care facility or nursing home Residential project or halfway house with no homeless criteria Other HUD Safe Haven U Owned by client, no housing subsidy Staying or living in a family member's room, apartment or house D Owned by client, with housing subsidy Staying or living in a friend's room, apartment or house Permanent housing for formerly homeless persons (such as П Substance abuse treatment facility or detox center SHP, S+C, or SRO Mod Rehab) Places not meant for human habitation Transitional housing for homeless persons including homeless youthe No Exit Interview [Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? IT YES DINO Source Amount Recipient(s) Source Amount Recipient(s) Alimony or other spousal support Social Security Income (SSI) \$7.57.00 ☐ Cash assistance/TANF \$ Social Sec Disability Income (SSDI) ☐ Child support \$. ☐ Unemployment ☐ Earned Income \$ \$ ☐ VA Service Connected Disability

757.00

☐ Veteran's Pension

☐ General Assistance

☐ Other Sources?

Source

□ Worker's Compensation

☐ .Pension from a former job

☐ Private Disability Insurance

☐ Other Sources?

Source

☐ Retirement from Social Security

TOTAL MONTHLY HOUSEHOLD INCOME \$

\$

\$

\$

\$

\$

\$

\$

\$

Dmv

[Adu	lts Only	ANY ADULT IN THE	HUNGEHULD				IN CASIT I	ACCINE &	100	□ NO
<i>L</i> F3 W W	Source	I WALKELIN HIE	Recipient(s)			ODrce			Recipie	nHa\
- N		mps - Amount \$ 194.00	Recipiends			child care services		1	Kecibie	lin(e)
	WIC	uliba symbolic o 1 / 1/00				transportation serv				· · · · · ·
□.	Section 8	, Public Housing, or other rental assistance				TANF-funded servi				
		ry tental assistance							· · · · · · · · · · · · · · · · · · ·	
_	Other:	J Total Residence			Other:					
-								,	1	
[All H	ousehol	Id Members] IS ANYONE				CEIVING HEALT	H IŅSURA	NCE?	YES D	NO .
S	gurce		. R	lecipier	nt(s)	Source				Recipient
V	/ledicald				_ 1	☐ Employer-provi	ded Health I	nsurance		**
	ledicare					☐ Health Insurance	se obtained t	hrough COBR	IA.	
o s	tate Child	ren's Health Insurance Program			☐ Private Pay He	alth Insuranc	ie.			
D V	Veteran's Administration (VA) Medical Services					D Charles III		to . fe :		<del></del>
	ILITY IN	FORMATION: MIA			1	□ State Health Ins	urance for A	dans		
		FORMATION: M/A	-		lon or Than 3	Impairs Ability	to Doct	mentation of		ent for this
DISAB		CONDITION  DPhysical Developmental  Mental Health DHIV/AIDS			lon or Than S	Impairs Ability Live Independently	to Docu Disal Seve	imentation of bility & inty on File?		ent for this
DISAB		CONDITION  Description  Description  Description  CONDITION  Description  Description  CONDITION  CONDITION  Description  CONDITION	rug Abusé	Longe Month	lon or Than S	Impairs Ability Live Independently  O D Yes: D N	to Doct Disal Seve to D Ye	Imentation of bility & Inty on File? s. □ No	Treatm disabili	ent for this y?
NAME		CONDITION  Description  Descrip	rug Abuse rug Abuse	Longe Month D Yes	lori or Than S is D N	Impairs Ability Live Independently  U Yes: UN	to Doct Disal Seve to D Ye	Imentation of bility & Inty on File? s. □ No	Treatm disabili	ent for this y? □ No
NAME	NTION:	CONDITION  Developmental Dividental Health DHIV/AIDS Dividental Health Drug Abuse Drug Ab	rug Abuse rug Abuse	Longe Month D Yes	lon or Than S is D No	Impairs Ability Live Independently  O D Yes: D N	to Doct Disa Seve to D Yes	imentation of bility & inty on File? s. D No	Treatm disabili	ent for this y? □ No
NAME REVE	NTION: I	CONDITION  Developmental Diversity Diversity Developmental Diversity Diversi	rug Abuse rug Abuse	Longe Month  D Yes	lon or Than S is D No	Impairs Ability Live Independently Di Yes: Di N Di Yes: Di N	to Doct Disa Seve to DYe	imentation of billty & into his porary basis	Treatm disabili	ent for this y? □ No
NAME REVE	NTION: I	CONDITION  Developmental Dimental Health DHIV/AIDS DAIcohol & Drug Abuse DD Developmental Dimental Health DHIV/AIDS DAIcohol & Drug Abuse Dorug Abuse Dorug Abuse Dorug Abuse Dorug Abuse Daitaln housing they had at project	rug Abuse rug Abuse	Longe Month  D Yes  D Yes	lori or Than S is D No Moved	Impairs Ability Live Independently Dives: Divinity Officery In with family/friend	to Doct Disa Seve To Yes	imentation of billty & into File?  s. I No  D No  porary basis manent basis	Treatm disabilit	ent for this y? □ No
NAME REVE	NTION: I	CONDITION  Developmental Diversity Diversity Developmental Diversity Diversi	rug Abuse rug Abuse it entry	Longe Month  D Yes  O Yes	Moved Moved Client	Impairs Ability Live Independently  O DYes: DN  O DYes: DN  d In with family/friend I to transitional /tem became homeless-	to Doct Disa Seve	imentation of bility & inty on File?  s. D No  Dorary basis nament basis ing facility/pro	Treatm disabilit	ont for this y?
NAME	NTION: I	CONDITION  Description  Descrip	rug Abuse rug Abuse it entry ce project entry	Longe Month  D Yes  O Yes	Moved Moved Moved Client	Impairs Ability Live Independently  O DYes: DN  O DYes: DN  d In with family/friend I to transitional /tem became homeless-	to Doct Disa Seve	imentation of bility & inty on File?  s. D No  Dorary basis nament basis ing facility/pro	Treatm disabilit	ent for this
NAME  REVE	NTION: I	CONDITION  Developmental Dividental Health OHIV/AIDS DAlcohol & Drug Abuse Dividental Health OHIV/AIDS DAlcohol & Drug Abuse OD Developmental Dividental Health OHIV/AIDS DAlcohol & Drug Abuse OD Dru	rug Abuse rug Abuse it entry ce project entry	Longe Month  D Yes  O Yes	Moved Moved Moved Client	Impairs Ability Live Independently  O D Yes D N  O D Yes D N  In with family/friend In with family/friend to transitional /fem became homeless-	to Doct Disa Seve	imentation of bility & inty on File?  s. D No  Dorary basis nament basis ing facility/pro	Treatm disabilit	ent for this
NAME  REVE	NTION: I	CONDITION  Developmental Developmental Dimental Health DHIV/AIDS DAIcohol & Drug Abuse Dimental Dimental Health DHIV/AIDS DAIcohol & Drug Abuse Dimental Health DHIV/AIDS DAIcohol & Drug Abuse Dimental Housing Assessment at Extended the Extended Health housing they had at project but a subsidy subsidy they had at project entry at on-going subsidy acquired since other the with financial assistance other the	rug Abuse rug Abuse it entry ce project entry	Longe Month  D Yes  G Yes	Moved Moved Moved Client Client	Impairs Ability Live Independently  O DYes: DN  O DYes: N  In with family/friend In with family/friend I to transitional /tem became homeless- tion went to fall / prison	to Doct Disa Seve	imentation of bility & inty on File?  s. D No  Dorary basis nament basis ing facility/pro	Treatm disabilit	ent for this

Creausa Domestic Violence

### Region 5 INTAKE / HMIS ENTRY FORM

INTAKE	PATE (mo/dy/year)		PROGRA	M ENTRY D	ATE				coc	L	OCATION C	OPE AT TI	ME OF ENTRY
11/2	5/2014		12/	3/201	14				Jest 1	/ BO	S OH-507	Other_	
- 1	UEAD OF U	oneció e	ME (HOH)	(First, MI, L	ast, suffix)			•			,		
SOCIAL S	ECURITY NUMBE	R		DATE OF	BIRTH (e.g.	, 10/23	/1978)	)	Н	MI	S CLIENT I	) # (Head o	f Household)
				6	/23/	195	8				109	1/32	7
A VETER	ANS STATUS (HO	Ή.).	ETHNICH	Y (HOH)	/ - /	•		GI	ENDER	/H/	)HI		
1 111	L Serve in the US	1 //	Non-Hispanic/				Mal		I L			ered female	to male
	In the US Military	10	Hispanic / Latir	no		V	Ferr	nale	ĵ.	1	Transgende	ered male t	o female
PRIMARY	RACE (HOH) Chec	k All That A	pply				4						
☐ Americ (Al/AN)	an Indian or Alaska	n Native	□ Black /	African Ame	rican (B)		Nati	ve / Hav	vallan/Ot	the	r Pacific Isla	nder (NH)	
☐ Aslañ (/			White (	w)			Ref	beau		)	Data Not Co	ollected	
			1							Ļ			
PLEASE LIS	ST. ADDITIONAL H	OUSEHOLD	MEMBERS:	,				,					
,3	MAME	SOCIAL SE	CURITY NUMBER	DOB	RELA TO HOL	ATIONSH HEAD OI JSEHOLI	IIP E	(please	RACE(s) choose (re ection aboy	om re)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)
	,												,
					-,								
					1						3		
							$\dashv$			_			
Ψ,													
INFO NEEDE	D FOR HOUSEHO	LD MEMBÉ	RS WITH DIS	ABLING CO	NOTIONS								
NAME //	VA	CONDITIO	· · · · · · · · · · · · · · · · · · ·	Dura	tion er Than 3	Live	ilrs Ab	ility to	Disab	ilit	ntation of & on File?	Receiving Treatment disability	nt for this
	☐Physical ☐D ☐Mental Health	evelopments DHIV/AID		□ Ye		☐ Ye		□ No	□ Yes		D No	☐ Yes	Li No
,	□Alcohol & Drug												
	□Physical □De	evelopmenta	ıl	□ Yes	O No	□ Yes	· 3	□ No	DYes		□ No	D Yes	□No
	☐Mental Health												
	DAlcohol & Drug	Abuse 🗆	Drug Abuse	1									1

Dmv

TYPE OF LIVING SITUATION (PIES	se note ir adults	are uving in	unnere	ntilving situations)						
Emergency shelter, including emergency shelter voucher	hotel or motel paid	for with	1	☐ Psychlatric hospital or other p	sychiatric facilit	<b>y</b> .				
☐ Foster care home or foster ca	re group home		1	Rental by client, no housing s	ubsidy					
☐ Hospital (Non-psychiatric)			I	Rental by client with other (No Housing/Section 8	n VA) housing s	ubaldy, i.e. Public				
☐ Hotel or motel paid for withou	t emergency shelt	er voucher	1	Rental by client, with GPD or	TIP subsidy					
D Jail, prison or juvenile detention	n facility		1	Rental by client with VA houst	ng subsidy					
☐ Long-term care facility or nursi	ng home		1	Residential project or halfway	house with no h	omeless criteria				
☐ Other HUD			1	Safe Haven						
☐ Owned by client, no housing s	ubsidy			Staying or living in a family me	mber's room, ap	artment or house:				
D Owned by client, with housing	aubsidy		I	Staying or fiving in a friend's ro	om, apartment o	or house				
Permanent housing for former SHP, S+C, or SRO Mod Rehal	y homeless persor	ns (such as	I	Δ	lilly or detox ce	nter				
Places not meant for human ha	bltation		1	Transitional housing for homele	es persons incl	udling homeless youths				
LENGTH OF STAY IN ABOVE SITUA	TION (places no	io If adulte h	ave di	ffaring meware)						
☐ 1 day or less					re than 3 month	s but less than 1 year				
☐ 2 days to 1 week		1 to 3.mc			ear or longer					
Answer for Each Adult (Homeless of	lefinés an literally	v homelessi		•						
Name:	·	, montosoco,		Name:		-				
Continually homeless for at least one	mars (Doi: This			Continually homeless for at least	one Vear? []Va	as FINo				
Continually nomeless for at least one	year yeres Livo			Couldings the ar least	one year? Life	ia Lino				
How many times homeless in the past	3 years (Includes	this episode)	7	How many times homeless in the		cludes this episode)?				
If 4 or more aplaceds, how many	total months home	eless in the		If 4 or more episodes, how n	nany total month	s homeless in the				
if 4 or more episodes, how many past 3 years? Number of Months	4mouth	⊊		past 3 years? Number of Months						
How many months continually homeles	s immediately pri	or to project	$\top$	How many months continually hor	meless immedia	lely prior to project				
entry? Number of Months 3 (Count one month for any length of tim	33			entry? Number of Months: (Count one month for any length	of time during th	et month.)				
Count the mount of any length of the	e danis institutu	Hie/		(count one monaries any tonger	si mino cidibud an					
Does the participant have documentall by es D No	on of their homele	ssness status	7	Does the participant have documed I Yes I No	entation of their I	nomelessness status?				
/				<u></u>	*					
Rapid Re-Housing Only: Household is in Permanent Housing?	Mas: II No	l IF	Yes T	ate of Move in (Month/Day/Year):						
Honzelog is it bettraitent tronsing.	ALLES TO MO	31.	163, 0	12/3/2014						
	9 14 - N - C			177011		1. I.D.				
[Adults Only] ANY ADULT IN TH	EHOUSEHOLD	CURRENTL	YKEC	EIVING CASH INCOME FROM A	MD SONKCE.	LI YES MINO				
Source	Amount	Recipient(s	<u>)                                    </u>	Source	Amount	Recipient(s)				
Alimony or other spousal support	\$		П	Social Security Income (SSI)	\$					
Cash assistance/TANF	\$			Social Sec Disability Income (SSDI)	\$					
☐ Child support	\$-			Unemployment	\$					
☐ Earned Income	\$			VA Service Connected Disability	\$					
Pension from a former job	\$		:D	Veteran's Pension	-\$					
Retirement from Social Security	\$		Ü.	Worker's Compensation	\$					
Private Disability Insurance	\$			General Assistance	\$					
J Other Sources?	\$		0	Other Sources?	\$					
Source	AL MONTHLY HOUSEHOLD INCOME \$				* income for a child goes under the adult receiving it*					
DTAL MONTHLY HOUSEHOLD INCO	IME \$ (/)			r income for a child goes i	unger the adult	teceining it.				

MM

Source	Recipient(s)	Source	Recipient(s)
Food Stamps - Amount \$ 189		☐ TANF child care services	
b wic /		☐ TANF transportation services	
Section 8, Public Housing, or other ongoing rental assistance		Other TANF-funded services	
☐ Temporary rental assistance			
Other:		Other:	
Source Médicald	Recipient(s)	Source ( Ri	ecipient(s)
		RECEIVING HEALTH INSURANCE?	YES I NO
Medicaid		☐ Employer-provided Health Insurance	
☐ :Medicare		☐ Health insurance obtained through COBRA	
State Children's Health Insurance Program (SCHIP)		☐ Private Pay Health Insurance	
☐ Veleran's Administration (VA)		☐ State Health Insurance for Adults	
Adults Only] INFO NEEDED FOR A	ADULT MEMBERS EFFE	CTED BY DOMESTIC VIOLENCE	
NAME	EXTENT OF DOMESTIC	VIOLENCE	· · · · · · · · · · · · · · · · · · ·
	☐ Within past 3 mont	hs	
	☐ Within the past 3-6	months	
	☐ Within past 3 month		
•	☐ Within the past 3-6	months   More than 1 year ago	

Creavace Domessie VIOIEnce Region 5 HMIS EXIT FORM HEAD OF HOUSEHOLD CURRENT NAME 4 middle last name, suffix (e.g., Jr, Sr, III) PROGRAM EXIT DATE HMIS Number Month Day REASON FOR LEAVING Completed program Non-compliance with program 11 Criminal activity/violence 'n Non-payment of rent Death Ò Other П Disagreement with rules/persons Reached maximum time allowed Left for housing opp. Before completing program Unknown/Disappeared Needs could not be met DESTINATION AT EXIT Emergency shelter, including hotel or motel paid for with Psychiatric hospital or other psychiatric facility emergency shelter voucher 口 Foster care home or foster care group home M Rental by ollent, no housing subsidy Rental by client with other (Nen VA) housing subsidy, i.e. Public ☐ Hospital (Non-psychiatric) Housing/Section 8 Hotel or motel pald for without emergency shelter voucher Rental by client, with GPD or TIP subsidy Jall, prison or juvenile detention facility Rental by client with VA housing subsidy Long-term care facility or nursing home Residential project or halfway house with no homeless criteria-Other HUD Safe Haven Owned by client, no housing subsidy Staying or living in a family member's room, apartment or house Owned by client, with housing subsidy Staying or living in a friend's room, apartment or house Permanent housing for formerly homeless persons (such as Substance abuse treatment facility or detox center SHP, S+C, or SRO Mod Rehab) Places not meant for human habitation Transitional housing for homeless persons including homeless youths No Exit Interview [Adults Only] ANY ADULT IN THE HOUSEHOLD CURRENTLY RECEIVING CASH INCOME FROM AND SOURCE? II YES Source Amount Recipient(s) Source Amount Recipient(s) Alimony or other spousal support \$ \$ ☐ Social Security Income (SSI) \$ ☐ Cash assistance/TANF ☐ Social Sec Disability Income (SSDI) \$ \$ ☐ Child support \$ ☐ Unemployment \$ \$ ☐ Earned Income ☐ VA Service Connected Disability \$ \$ D Pension from a former job ☐ Veteran's Pension \$ ☐ Retirement from Social Security \$ □ Worker's Compensation ☐ Private Disability Insurance \$ ☐ General Assistance Other Sources? Other Sources? \$ Source Source TOTAL MONTHLY HOUSEHOLD INCOME \$ 1

10/14

DmV

[A	dul	ts Only	ANY ADULT IN THE	HOUSEHOLI	) C	URF	RENT	LYF	RECEIVII	NG NON	CASH INC	OME 7	YES	□ NO
	15	ource		Recipjent(	s)_			Sou	rce			/	Recipie	nt(s)
X	1	ood Sta	imps - Amount \$ 189	Clion	1	- [	J. TA	NF o	hild care s	ervices				
	1	NIC	101		-	E	TA	NF to	ansportati	on services	3			
	5	Section 8 ngoing 1	, Public Housing, or other ental assistance			Г	Oth	er T/	NF-funde	d setvices				
	_ 7	emporal	ry rental assistance											
	C	ther:					Oth	er:		· **********				
[AII	Soil	usehol urce edicald	d Members] IS ANYONE	IN THE HOL		HO		7	Source	·	NSURANC	/	rès 🗆	NO Recipient(s
	Me	dicare							Health In	surance of	btained thro	ugh COBR	A	,
	Şta	te Child	ren's Health Insurance Program	(SCHIP)				0	Private F	ay Health	Insurance			
D	Vei	eran's A	dministration (VA) Medical Servi	ÇBS.					State He	alth Insura	nce for Adu	its		
NAN			FORMATION: 14		L	urati onge	r Tha	ŋ 3	Impairs Live Indepen	Ability to	Disabilit	entation of y & on File?	Receivi Treatm	ent for this
	·		☐Physical ☐Developmental☐Mental Health ☐HIV/AIDS☐Alcohol & Drug Abuse ☐Dr	ug Abuse	Ö	Yes	D	Νo	□ Yes	ΠNo	□ Ýes	□No	□ Yes	ΩNo
			□Physical □Developmental □Mental Health □HIV/AIDS □Alcohol & Drug Abuse □Dru	ng Abuse	.D.	Yes	ם <sup>-</sup>	No	□ Yes	ΠÑο	□ Yes	□ No.	D Yes	□ No
REV	EN'	CION: H	lousing Assessment at Exi	<b>.</b>								3		
			lain housing they had at project of		7		·Mov	ed in	with famil	v/friends o	n a tempora	ny hacie	•	
	]		it a subsidy	111.7	1						n a perman			
I	]		ubsidy they had at project entry		7							facility/prog	rami	
	)		on-going subsidy acquired sinc	e project entry			Cller		came hom			er or other p		for
Ė	]	Only w	th financial assistance other than	i a subsidy			Clien	t.wer	it to Jail / p	rison				
J M	love	d to new	housing unit				Cilen	t Is d	eceased					
		With an	ongoing subsidy	·			Cllen	t refu	sed to ans	swer				
		Without	an ongoing subsidy				Clien	t doe	sn't know	-77	ÌØ/	Data hot no	llected	

Ashlabula

REGION 5 HMIS	Data: INTA	KETYTE	RY FORM				(anti-sulpassassassassassassassassassassassassass				
NTAKE DATE (e.g., 05/24	/2010) B 2 0	[[]		PROGRAM EN	0/	2	0 / L/				
MONIT DAT			OCALT ALABE (C.	MONTH	DAY		AR				
First name	DEATH MAIL		RENT NAME (firs	t, middle, last nan		, Jr, Sr, III) Middle Infilal					
Last name											
SOCIAL SECURITY NUME	BER			DATE OF BIRT	TH (e.g., 10/23	/1978)					
				Month	[ 8	/	991 Year				
4400 D	MANENT RESIDE	NCE		15-	L 95	0					
PRIMARY RACE			*	(57	951						
☐ American Indian or	Alaskan Native (A	MAN)		White (	W)						
Asian (A)					/ Hawallan/Otl		inder (NH)				
☐ Black / African Ame	erican (B)			☐ Don't K	now or Refuse	ed					
SECONDARY RACE											
☐ American Indian or	Alaskan Native (A	I/AN)		☐ White (	W)						
Asian (A)					/ Hawaiian/Otl		inder (NH)				
□ Black / African Ame	erican (B)			Don't K	now or Refuse	ed					
ETHNICITY NETERANS S	TATUS			GENDER							
☐ Hispanic / Latino [	Non-Hispanic/	Latino		☐ Male	☐ Transge	ndered femal	e to male				
Served in the US M	Ilitary Did Not S	Serve in the Mi	ilitary	Female	□ Transge	endered male	to female				
PLEASE LIST ADDITIONA	L HOUSEHOLD	VEMBERS:		/							
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)			
George White	999-99-9999	01/01/75	W	В	N	М	Husband	У			
		4/8/14	W		N	F	dayleter	N			
		-					V				
		· - · · · · · · · · · · · · · · · · · ·									

Ashlabula

Type:

HMIS Data: REGION 5 HCRF .. SSISTANCE FORM HMIS# Client Client refused to does not CURRENT NAME (first, middle, last name, suffix (e.g., Jr. Sr, III) [All clients] NA provide know First name Middle name Last name Suffix

Caseworker

FINANCIAL ASSISTANCE PROVIDED [To be routed to HMIS Entry Person]

Homeless Prevention

Rapid Re-Housing

Start date	End date (MM/DD/YYYY)	Arrearage Assistance	Rental assistance	Security Deposit	Utility Assistance	Utility deposit	Moving costs	Motel/hotel	Cașe Manageme
4105 125	630,2014	\$	\$ 450	\$	\$	\$	\$	\$	
A-J-J-11			स्थिति । संस्थिति	Ewald M.					
71207614	7,28,2014	\$	\$ 650	\$	\$	\$	\$	\$	
4-2-61	0	-	Balle Yann Tak 1 st	Enterni Arja					
8,242014	8242014	\$	\$ 650	\$ ;	\$	\$	\$	\$	
**************************************	and and and and and and		संक्षेत्र ११ व्यव इत्यापन	nnisted Ly:					
		\$	\$	\$	\$	\$	\$	\$	<u></u>
			Lasis two erlass!	Anterval ty:					
	7 1	\$	\$	\$	\$	\$	\$	\$-	
			্রিন্ট্রের বিভাগ এবিংসাং	havitsa byi		,			
		\$	\$	\$	\$	\$	\$	\$	
			Finds this Finds a	Millioni Mi					
		\$	\$	\$:	\$	\$	\$	\$	
			年(1875年)  中国第1745年	August 151					
To	otal amount	1950	\$	\$	\$	\$	\$	\$	

Ashlabula

#### HMIS Data: REGION 5 HCRP EXIT FORM

HEAD OF HOUSEHOLD CURRENT NAME (	irst, middle, last name, suffix (e.g., Jr, Sr, III)
First name -	Middle Initial
Last name	
PROGRAM EXIT DATE	TYPE
10 28 2019 157 Month Day Year HMIST	Homeless Prevention Replicate Re-Housing Caseworker: A fauty each
REASON FOR LEAVING	- In/
☐ Completed program	Non-compliance with program
☐ Criminal activity/violence	/☐ Non-payment of rent ☐ Other
Death	Other  Reached maximum time allowed
Disagreement with rules/persons     Left for housing opp; Before completing program	☐ Unknown/Disappeared
☐ Left for housing opp: Before completing program  Needs could not be met	
DESTINATION [All clients]	
Deceased.	Psychiatric hospital or other psychiatric facility      Refused
Don't know	
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	Rental by client, no housing subsidy
Foster care home or foster care group home	Rental by client, other (non-VASH) housing subsidy  Rental by client, VASH Subsidy
Hospital (non psychiatric)	
Hotel or motel paid for without emergency sheller voucher	□ Safe Haven □ Staying or living with family, permanent tenure
Jall, prison, or juvenile detention facility	Of a fine at the fire will desirable for insurance of former
Olher (Describe)	apartment or house)
Owned by client, no housing subsidy	☐ Slaying or living with friends, permanent tenure
Owned by client, with housing subsidy	Staying or living with friends, temporary tenure (room, apartment or house)
Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	☐ Substance abuse treatment facility or detox center
Place not meant for habitation (a vehicle or anywhere outside)	Transitional housing for homeless persons (including homeless youth)
HOUSING STATUS [All clients]	,
Literally homeless	☐ Housed and at-risk of losing housing
Housed and at Imminent risk of losing housing	☐ Stably housed
Don't know	☐ Refused
	INCOME WITHIN THE LAST 30 DAYS AMOUNT WHO
□ Allmony/spousal support	D SSI/SSDI
☐ Cash assistance/TANF	☐ Unemployment
☐ Child support	☐ Veteran's Disability
□ Income from employment/wages	☐ Veteran's Pension
Pension from a fermer job	Worker's Compensation
☐ Retirement from Social Security	Other:
TOTAL MONTHLY INCOME: \$	TOTAL ANNUAL INCOME: \$
NON-CASH BENEFITS WITHIN THE LAST 30 DAYS WHO	WHO
Total Ottombre Transport	☐ Veteran's Medical Services
III Montonia.	☐ TANF child care Other TANF services
B Michaello	☐ TANF transportation services
D. O.	Other TANF services
	Temporary rent
Section 8, Public Housing	Other:



Catholic Charities of Ashtabula County 4200 Park Avenue, Third Floor Ashtabula, Ohio 44004 Phone: (440) 992-2121 Fax: (440) 992-5974



February 8, 2016

www.doyccac.org

Ms. Tammy Weaver Vice President of Clinical Services Coleman Professional Services 1032 East Market Street Warren, Ohio 44483

RE: Monitoring Report dated January 19, 2016 - Homeless Crisis Response Program

Dear Ms. Weaver:

As per your request for a response to the above-mentioned monitoring report, please note the following:

- Our agency was asked to place HMIS entry and exit dates in the client files for the following HMIS numbers: 15437, 154347, 139724, 4721, and 166023. Please note that HMIS number 15437 is not our client. HMIS data indicates that it is from 2006 in Lake County. Attached to this letter are copies of the HMIS Data intake and Exit forms, as developed by Region 5, that were in the client files at the time of the monitoring visit. All of the client files had the entry and exit dates included and, for this response, have been circled in red. In order to easily identify these forms in the client files, they were on either blue or green paper.
- As recommended, our agency will begin placing all of the required documentation for incremental certifications in a separate tab, which will be entitled as 3-month receptification, 6-month receptification, etc.

Thank you for your support of the Homeless Crisis Response Program in Ashtabula County. Please don't hesitate to contact me with questions, or if further information is required.

Lynn MZpleusa:

Lynn M. Zalewski

Executive Director

Enclosures (HMIS documentation for file numbers 154347, 139724, 4721, 166023)



· Catholic Charitres - 12h

REGION 5 HMIS Data: INTAKE/ENTRY FORM ITAKE DATE (e.g., 05/24/2010) PROGRAM ENTRY DATE DAY YEAR MONTH DAY YEAR HEAD OF HOUSEHOLD CURRENT NAME (first, middle, last name, suffix (e.g., Jr, Sr, III) First name Middle Initial Last name OCIAL SECURITY NUMBER DATE OF BIRTH (e.g., 10/23/1978) IP CODE OF LAST PERMANENT RESIDENCE HMIS CLIENT ID NUMBER RIMARY RACE American Indian or Alaskan Native (AI/AN) d White (W) Native / Hawalian/Other Pacific Islander (NH) Black / African American (B) Don't Know or Refused **ECONDARY RACE** American Indian or Alaskan Native (AI/AN) White (W) Aslan (A) Native / Hawaiian/Other Pacific Islander (NH) Black / African American (B) Don't Know or Refused JITY NETERANS STATUS GENDER Hispanic / Latino H Non-Hispanic/Latino Male Transgendered female to male Served in the US Military Dold Not Serve in the Military Female 

Transgendered male to female LEASE LIST ADDITIONAL HOUSEHOLD MEMBERS: PRIMARY SECONDARY SERVED RACE RACE RELATION-IN THE SOCIAL HISPANIC DATE OF (please (please NAME SHIP SECURITY US (Yes GENDER BIRTH choose from choose from TO HEAD OF NUMBER MILITARY or No the selection the selection HOUSEHOLD (Yes or above) above) No) George White 999-99-9999 01/01/75 W B N M Husband Y W 11 7/19/76 m Husbard

Cashalic Charities - Ash

### HMIS Data: REGION 5 HCRP EXIT FORM

	CELLOI D. CLIPPI	AT NAME /fire	t middle la	st name, suffix (e.g., Jr, Sr, I	1)	AND SELECTION OF THE PROPERTY
HEAD OF HOL	SENOLD CORKE	INT INVINIL (IIIO	t <sub>i</sub> midulo; id		June .	
First name			•	Middle in	iliai 🗓	
		HITTE TO DA	5/19/1	-	-	
st name		ATTENED OF	belonding the king	· finets		
	¥ \$		TIF		,	-100 to 100 to 1
PROGRAM EXIT DATE			The	TYPE		
	11/	mi1211		Homeless Prevent		Re-Housing
10 5  2 1 9  2 6	1/19/6	5407	_	Caseworker:	RJV	
Month Day Y	ear	HMIS N	ımber			
.2					<del></del>	
REASON FOR LEAVING				No. 10 mars and the mars		••
Completed program				Non-compliance with prog	lan	
Criminal activity/violence .			<u> </u>	Non-payment of rent		
D Death			Ò	Other Reached maximum time a	lloiticié	
☐ Disagreement with rules/persons					illowed	
☐ Left for housing opp. Before completing	ng program			Unknown/Dlsappeared		
☐ Needs could not be met						
DESTINATION [All clients]						<del> </del>
Deceased				Psychlatric hospital or oth	er psychiatric facil	ity
Don't know			0	Refused		
The second state of the state of the second	motel paid for will	ĥ.	1	Rental by client, no housi	ng subsidy	
emergency shelter voucher						auboldu.
☐ Foster care home or foster care grou	p homë			Rental by client, other (no		Subsidy
☐ Hospital (non psychlatric)			Ü	Rental by client, VASH S	nosida	<del></del>
Hotel or motel paid for without emerg	ency shelter vouc	her	<u> </u>	Safe Haven	U.S Shirt and Albert	sino.
☐ Jall, prison, or juvenile detention fac	Hity			Staying or living with fam	lly, permanent ten	m /mam
Other (Describe)				Staying or living with fam	ny, temporary temu	ta finniti
			10	Staying or living with frien	ds, permanent ler	ure
Owned by client, no housing subsidy				Staving or living with frie	ds, temporary ten	ure (room,
Owned by client, with housing subsid	ly			apartment or house)		
Permanent housing for formerly hom	eless persons (suc	h as		Substance abuse treatm	in a second	
Blace hat meant for habitation /a vet	ide or anywhere			Transitional housing for I	nomeless persons	(including
outside)				homeless youth)		
HOUSING STATUS [All clients]		:		Housed and at-risk of los	ing housing	
☐ Literally homeless ☐ Housed and at imminent risk of losin	d housing	-	1	Stably housed		
	gillodating		0	Refused		
Don't know	Agnosticon	WHO	INCOME IA	THIN THE LAST 30 DAYS	AMOUNT	WHO
INCOME WITHIN THE LAST 30 DAYS	AMOUNT	AAGIO	SSI/S		721.00 730	
☐ Alimony/spousal support	-	1	□ Unem		*	
☐ Cash assistance/TANF				an's Disability		
☐ Child support				an's Pension		
☐ Income from employment/wages				er's Compensation		
D. Pension from a former job			☐ Other			
☐ Retirement from Social Security	h	<del></del>			17412	
TOTAL MONTHLY INCOME:	\$ 1451		TOTAL	1	1.4. 1	ind 18
NON-CASH BENEFITS WITHIN THE LAST	30 DAYS	WHO .				WHO
EL. Food Stamps - Amount \$		27		's Medical Services		
P Medicaid				hild care Other TANF service	es	
Medicare				ransportation services		
State Children's Health Insurance (H	lealthy Start)			ANF services	-	
D WIC				rary rent		
Section 8, Public Housing	**	:	☐ Other:			

Catholic Charities - Ash

## REGION 5 HMIS Data: INTAKE/ENTRY FORM

						The Atlanta Marie and Address of the Atlanta of the	Addition to the second second second second	Contract of the last of the la
TAKE DATE (e.g., 05/2	24/2010)		,	PROGRAM E	NTRY DATE			
0 2 1 4	1 20	14		04	1 0	) 2.	014	
H DAY	YE	AR ·		MONTH	DAY	· · · · · · · · · · · · · · · · · · ·	EAR	- Andrew
	HEAD OF HOL	ISEHOLD CII	PPENT NAME (6)	rst, middle, last na			LAN	
Irst name			MICHI MAME (II	ist, inidale, last ha	ime, suffix (e.c			
			ENTTON	M.4/10/14		Middle Initial	10	
ast name		<b>L</b>	Mill hills					
			BY:	CAA.				
DEIAL SECURITY NUM	BER			DATE OF BIR	TH (e.g. 10/2	3/1978)		,
	4							7
,温暖				Month_	Day		9 Q /	
P CODE OF LAST PER	MANENT RESIDE	NCE		HMIS CLIEN	T ID NUMBER			
1400	1	,						
1110101				101	724	*	)	
RIMARY RACE						سننسب سسس		
American Indian o	r Alaskan Nalive (/	AI/AN)		White	(W)			
Asian (A)	11 = 1 = 1				/ Hawalian/O		ander (NH)	
Black / African Am	eucan (B)			Don't	Know or Refus	ied .		
ECONDARY RACE								
American Indian of	Alaskan Native (A	M/AN)		White.				
Asian (A)  Black / African Ame	erican (D)	· · · · · · · · · · · · · · · · · · ·	<del></del>		/ Hawallan/Ot		ander (NH)	
,				Don't l	Know or Refus	ed		
Manager / Alle				GENDER				<b>x</b>
Hispanic / Latino / Served in the US M			We .	☐ Male		endered femal		
	7.		ilitary	Female	☐ Transg	endered male	to female	
LEASE LIST ADDITION	L HOUSEHOLD	VEMBERS:	DDWADA	Language		-		
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George White	999-99-9999	01/01/75	W ·	B	Ņ	M	Husband	Y
		04/14/	W			M	CAKI	1
	-	1990				101	SIM	N
			,					
·-								1
1 .			•.					
	ł							
1		1.		1	1	-	1	

Catholic Charities - ASL

Section 8, Public Housing

HMIS Data: REGION 5 HCRP EXIT FORM HEAD OF HOUSEHOLD CURRENT NAME (flist, middle, last name, suffix (e.g., Jr, Sr, III) Middle Initial First name st name ROGRAM EXIT DATE TYPE Homeless Prevention Rapid Re-Housing HMIS Number Month Day REASON FOR LEAVING Non-compliance with program Completed program Non-payment of rent Criminal activity/violence 0 Other Death Reached maximum time allowed Disagreement with rules/persons Unknown/Disappeared Left for housing opp. Before completing program Needs could not be met **DESTINATION** [All clients] Psychiatric hospital or other psychiatric facility Deceased Refused Don't know V Emergency shelter, including hotel or motel paid for with Rental by client, no housing subsidy emergency sheller voucher Rental by client, other (non-VASH) housing subsidy Foster care home or foster care group home Rental by client, VASH Subsidy Hospital (non psychlatric) Hotel or motel paid for without emergency sheller voucher. Safe Haven Staying or living with family, permanent tenure Jail, prison, or juvenile detention facility Staying or living with family, temporary tenure (room, Other (Describe) apartment or house) Staying or living with friends, permanent tenure Owned by client, no housing subsidy Staying or living with friends, temporary tenure (room, Owned by client, with housing subsidy apartment or house) Permanent housing for formerly homeless persons (such as Substance abuse treatment facility or detox center SHP, S+C, or SRO Mod Rehab) Transitional housing for homeless persons (including Place not meant for habitation (a vehicle or anywhere homeless youth) outside) HOUSING STATUS [All clients] Housed and at-risk of losing housing Literally homeless Housed and at imminent risk of losing housing Stably housed Refused Don't know INCOME WITHIN THE LAST 30 DAYS AMOUNT WHO WHO INCOME WITHIN THE LAST 30 DAYS AMOUNT ☐ SSI/SSDI ☐ Alimony/spousal support ☐ Unemployment ☐ Cash assistance/TANF □ Veteran's Disability Child support Veteran's Pension Income from employment/wages Worker's Compensation Pension from a former job ☐ Retirement from Social Security Other: TOTAL ANNUAL INCOME: \$ TOTAL MONTHLY INCOME: WHO NON-CASH BENEFITS WITHIN THE LAST 30 DAYS WHO Food Slamps - Amount \$ 372 00 SIN □ Veteran's Medical Services ☐ TANF child care Other TANF services Medicald ☐ TANF transportation services Medicare ☐ Other TANF services State Children's Health Insurance (Healthy Start) a ☐ Temporary rent WIC Other:

Catholic Charries-Ash

### REGION 5 HMIS Data: INTAKE/ENTRY FORM

ITAKE DATE (e.g., 05/2	4/2010)	-	/	PROGRAM EN	TRY DATE			-
7日。	3 20	14		07	23	5 麗 2	014	
YAD L JM	YEA	R		MONTH	DAY	Y	EAR	
-	HEAD OF HOU	SEHOLD CUI	RENT NAME (fir	st, middle, last nar	ne, suffix (e.g.	, Jr, St, III)		
First name				•		Middle Initial	A	
Last name		`				•		
OCIAL SECURITY NUM	BER			DATE OF BIR	TH (e.g., 10/2)	3/1978):		
			1	0 9 Month	1 U		Q X L	
t 4 0 0 1	MANENT RESIDE	NCE		HMIS CLIEN	FINE (	1721		
RIMARY RACE				1				
American Indian o  Asian (A)	Alaskan Native (A	I/AN)		White				
Black / African Am	erican (R)	<del></del>			/ Hawallan/Of		ander (NH)	
ECONDARY RACE	January (10)			J D DOILE	THOW OF REIUS	ea		
American Indian or	Alaskan Nailwa /A	I/ANI	4.	☐ White:	MAD.	·		
Asian (A)	s and the state of the	(M 4.1)			/ Hawailan/Ot	her Pacific Isla	ander (NH)	
Black / African Am	erican (B)				now or Refus		ander ((4))	-
TI ATY NETERANS	STATUS			GENDER				J
Hispanic / Latino		alino	*	Male	☐ Transqu	endered femal	a to male	
Served in the US N			litary	☐ Female		endered male		$\overline{}$
LEASE LIST ADDITION								<del></del>
NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PRIMARY RACE (please choose from the selection above)	SECONDARY RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	SERVED IN THE US MILITARY (Yes or No)
George While	999-99-9999	0,1/01/75	.Ŵ	B	N	М	Husband	Ý
		-2-1995	W	.,	N	F	Wife	N
	,							
	,							
			****		·			
<u>4</u>								

Cocholic Charities - 48h

# HMIS Data; REGION 5 HCRP EXIT FORM

	HEAD OF I	OUSEHOL	D CUI	RENT NAME	E (first, mlc	idle, las	t name, suffix (e.g., Jr, S	L' (  ) Santanismentalism	Sharement at the name of the last
Firs	t ńame	Ì.						e Initial	
Last	Phame						9,15,15	X-11	
600		- windows				E I	Live II		
PRO	GRAM EXIT DATE					No.	TYPE		,
O	nth Day	Year	5 /	) 478 HMIS	) S Numbe		☐ Homeless Preve		Rapid Re-Housing
REAL	SON FOR LEAVING		_						
6	Completed program				-	0.	Non-compliance with pr	ogram	
	Criminal activity/violence					D	Non-payment of rent		
.[]	Death					<u> </u>	Other		
	Disagreement with rules/persons					Π	Reached maximum time	allowed	
	Left for housing opp. Before comple	eling program	m			a	Unknown/Disappeared		
	Needs could not be met								
DEST	[INATION [All clients]								
	Deceased					Ð	Psychlatric hospital or of	there have blade	de district
	Don't know						Refused	mer psychiaur	aracility
П	Emergency shelter, including hotel emergency shelter voucher	or motel pai	d for w	ith.	-	-	Rental by client, no hous	ing subsidy.	
0	Foster care home or foster care gro	up home				a	Rental by client, other (n	on-VASH) hou	ising subsidy
	Hospital (non psychiatric)						Rental by client, VASH S		
	Hotel or motel paid for without emer	rdency shelt	er vou	cher			Safe Haven		
	Jail, prison, or juvenile detention fa						Staying or living with fan	illy, permaneni	t tenure
ם	Other (Describe)		-			П	Staying or living with fan		
_	Owned by client, no housing subsid	у .				0 .	Staying or living with frie	nds, permaner	nt tenure
Ö	Owned by client, with housing subs	ldy				ם	Staying or living with frie apartment or house)	nds, temporary	tenure (room,
Ü	Permanent housing for formerly hon SHP, S+C, or SRO Mod Rehab)	rieless perso	ns (su	ch as	1	ם :	Substance abuse treatm	ent facility or d	elox center
	Place not meant for habitation (a ve outside)	hicle or any	where				Transitional housing for I	nomeless pers	ons (including
HOUS	SING STATUS [All clients]	•							
D	Literally homeless				[	J , J	Housed and at-risk of los	ing housing	
	Housed and at imminent risk of losin	ng housing					Stably housed		
D	Don't know				. [	□ F	Refused		
INCOM	ME WITHIN THE LAST 30 DAYS	AMOUN	١T	OHW	INCOME	WITH	N THE LAST 30 DAYS	AMOUNT	WHO
□ All	mony/spousal support				☐ SS	I/SSDI			
□ Ca	sh assistance/TANF				□ Un	employ	ment		
	ilid support						Disability	-	
	come from employment/wages						Pension		
	nsion from a former job						compensation		
·	tirement from Social Security				D OII	ner:		- 4	
TOTAL	MONTHLY INCOME:	\$ 0			TOTAL	ANNU	AL INCOME: \$	0	
NON-C	ASH BENEFITS WITHIN THE LAST	30 DAYS	1	WHO					WHO
D	Food Stamps - Amount \$ 51)		For	mi lu	☐ Veter	ran's Me	edical Services		
	Medicald			ואויש	D TANK	F child c	are Other TANF service	S	
	Medicare			-1			ortation services		
	State Children's Health Insurance (He	ealthy Start)			☐ Other				
	WIC		-		☐ Temp		ent		
	Section 8, Public Housing			- 1	☐ Other	rt			

Cathodic Chambres - Ash

Regio	n 5 INTA	KE / H	MIS	SENT	RY	FOF	RIVI								
( INTAKE D	ATE (mo/dy/year)		F	ROGRAN	ENT	RY DAT					COC	LO	CATION CO	DE AT TI	E OF ENTRY
11-1	27-2014			11/	11	1/20	14				1	_	6 OH-507		
	HEAD OF H	OUSEHOLD	NAN	E (HOH)	First	Ml. Last	suffix)						-		
				7								-		· · · · · · · · · · · · · · · · · · ·	
SOCIAL SE	CURITY NUMBE	R			DAT	E OF BIF	RTH (e.g.,	10/23/	(1978)		HI	VIIS	CLIENT ID	# (Head o	Household
			<b>)</b> .	\$11 2			8-19						1660		)
XETERA	NS STATUS (HO	H1	F	THNICIT	ř/HO	)Hì					1000				
20	Serve in the US	D'ETT I		/ispanic/L	4400	/11/		Q'	Male		NDER (	$\neg$	Transgende	red female	to male
	n the US Military	<b>1</b>	lispa	nic / Latino	0				Fem	ale		1	Transgende	red male to	female
PRIMARYR	ACE (HOH) Chec	k All That Ap	ply				123.50								
☐ America (Al/AN)	n Indian or Alaska	n Native		Black / A	Virica	n America	iń (B)		Natio	e / Haw	allan/Ot	hei	r Pacific Islan	der (NH)	
☐ Aslan (A	).		A	White (V	V)				Refi	ised			Data Not Co	llected.	
									<u> </u>			1	•	<u>·</u>	
PLEASE LIS	TADDITIONAL I	OUSEHOLD	ME	MBERS:										20 Amin 10 and 1	
, N	AME :	SOCIAL SEC	PRIT	NUMBER		DOB	RELAT TO H HOUS	TONSH EAD O	IIP E D	(please	ACE(s) choose fro	m e)	HISPANIC (Y/N)	GENDER	SERVED IN THE US MILITARY (Y/N)
					Lp-	23-81	(w)	FZ		Wh:	14.5		Y	F	
		/			5-2	18-13	Daugh	den	<u>.</u>	Wh	112		Y	<b>-</b>	
9					531	-05	DAGG	lister	a.	wh	Fe		y	K	
							,				1				
										•					
					1.							1			
INFO NEEDE	FOR HOUSEHO	OLD MEMBE	RS V	VITH DISA	BLIN	IG COND	OITIONS				-				
NAME		CONDITIO	Ņ			Duratio Longer Months	n Than 3	Live	airs Ab		Disab	Illt	entation of y & on File?	Receiving Treatmen	t for this
	□Physical □D □Mental Health					□Yes	□Ño	D Ye		□No	□Yes	-	□No	☐ Yes	□ No·
	DAlcohol & Drug	Abuse 🗀	Drug	Abuse											
	□Physical □□ □Mental Health	DHIVIAIDS	3.			O Yes	□ No	□ Ye	8	□ No	D Yes		□ No	O Yes	□ No
	□Alcohol & Drug	Abuse 🛘	Drug	Abuse							l		1		

	Co-Moli	<i>a</i> Chaukin	, green,	Ach
•	(W. war.			- 7 5 .

Region 5 HMIS EXIT	FORM			ē.		<u> </u>		
HEAD OF HOUSEHOLD CURRE	ENT NAME (first, n	niddle, last nan	ne. suffix (e.a.	Jr Sr III)	THE PARTY OF THE P		ر عادم المحادث المان	CONTRACTOR ICE
			1919 (0.8.1	U1, U1, III)			•	
ROGRAM EXIT DATE	<del></del>							
12 3/ 7	2014		HMIS	Number	1	14607	2	)
Month Day	Year		2 4 1		-	10-6		!
REASON FOR LEAVING	i i	n. /	2-131114	,				
Completed program				□ Non-i	compliance v	dit.		
☐ Criminal activity/violence	,	-			payment of re			· ·
D Death				□ Other		SIIL		
Disagreement with rules/pen						n (Ime allowed		
☐ Left for housing opp, Before ☐ Needs could not be met	completing progra	m .			own/Disappe			-
Nocus could flot-be met								
DESTINATION AT EXIT								
Emergency shelter, including the emergency shelter voucher	notel or motel paid	for with	□ Psyc	chiatric hospital	or other psy	chiatric facility		
Foster care home or foster care	group home		Rent	al by client, no	housing sub	sidy		
☐ Hospital (Non-psychiatric)			n Rent			VA) housing sub	sldy, I.e. Pub	lic
☐ Hotel or motel pald for without		rvoucher		al by client, with	GPD or TIP	P subsidy		-
☐ Jall, prison or juvenile detention	facility			al by client with			7	<u>^</u>
☐ Long-term care facility or nursing	g home		7			use with no hom	ólonei estte id	
☐ Other HUD				Häven	· ridarray no	asc will to holls	diess cilieria	
☐ Owned by client, no housing sul	osldy				family mamk	per's room, apart		
Owned by client, with housing s	ubsky							i <del>0</del>
Permanent housing for formerly SHP, S+C, or SRO Mod Rehab)	homeless persons	(such as	Staying or living in a friend's room, apartment or house  Substance abuse treatment facility or detox center					
☐ Places not meant for human hab	itation					persons includir		<del>-,</del>
☐ No Exit Interview			I - Indian	inotial flodship i	in liotticiess	heraous incidon	ng nomeless	youths
Adults Only] ANY ADULT IN T	HE HOUSEHOLI	D CURRENTL Recipient(s)	Y RECEIVING		ME FROM			□ №
Alimony or other spousal support	\$			curity income (	(60)	Amount \$	Recipien	t(s)
☐ Cash assistance/TANF	\$			oc Disability Inc		\$		
Child support	\$ 288		□ Unemplo		ciudi(Adh)	\$	-	
Earned Income	\$ 1392.00			pe Connected D	Pisability	:\$		
Pension from a former job	\$		☐ Veteran's		6	\$		
Retirement from Social Security	\$			Compensation		\$		
Private Disability Insurance	\$		□ General A			\$		
Other Sources? Source	\$		C) Other Source			\$		
OTAL MONTHLY HOUSEHOLD INC	ONE A				-			

1st Church 1872.50.

Catholic Charities -

REGION 5 HMIS Data: INTAKE/ENTRY FORM

Ashtabule CC

29,00079420	ATTRONTO TO THE	A. 11-19-1-11 115, 40	•		**********				
INTA	KE DATE (e.g., 05/2	4/2010)			PROGRAM EN	ITRY DATE			
0	5 05	120	114		05	16	2	014	
N.	H DAY	YEA	R		MONTH	DAY	V	EAR	_
		HEAD OF HOU	SEHOLD CU	RRENT NAME (fir				-AIX	
Firs	t name			THE PARTY OF	or modio, tast na	me, sumx (e.g.			
-		- 1					Middle Initial	$\mathcal{D}$	
Lasi	t name	1							
soci	AL SECURITY NUMI	BER			DATE OF BIR	TH (e.g., 10/2	3/1978)		
					07	22	)	953	
21.53			N. S. 1.		Month	Day		Year	l
ZIP C	ODE OF LAST PERI	MANENT RESIDE	NCE		HMIS CLIEN	T ID NUMBER	R		
				• •	- /	5 434	7		
PRIM	ARY RACE					0 1-1			
	American Indian or	Alaskan Native (A	(/AN)	<del></del>	to White	000		~~~	
	Asian (A)					/ Hawallan/Of	her Pacific Isla	ander (NH)	$\dashv$
	Black / African Ame	erican (B)				Know or Refus		-naor (reri)	
	NDARY RACE		···	11. 31					
<u>-</u>	American Indian or		I/AN)		□ White	(W)			$\neg$
0	Asian (A) Black I African Ame		1.1	1.,		/ Hawaiian/Ot		ander (NH)	
E	Valence of the Control of the Contro	New New Yorkship of			☐ Don't l	Cnow or Refus	ed		
	Hispanic / Latino		ntine '	****	GENDER				
	Served in the US M	Illitary D Did Not S	Serve in the M	llitary	☐ Male ☐ Female		endered femal		
	SE LIST ADDITIONA			14.17.11.	I LI TEINAN	z 🗀 Hansye	endered male	to temale	
			ILMBERS:	PRIMARY	SECONDARY	1	· · · · · ·	T	SERVED
•	NAME	SOCIAL SECURITY NUMBER	DATE OF BIRTH	(please choose from the selection above)	RACE (please choose from the selection above)	HISPANIC (Yes or No)	GENDER	RELATION- SHIP TO HEAD OF HOUSEHOLD	IN THE US MILITARY (Yes or
G	eorge White	998-99-9999	01/01/75	W	В	N	М	Husband	No)
			7/19/76.	W		N	m	Husbard	N
			:						
			,				•		

		File Checklist  Client Name:  HMIS Client ID #  HMIS Entry Date:	tion
		Assistance (Month/Year): 1	16/17/18/_ 15 month 18 month
		Previous HPRP /HSP Assistance Yes or No If yes, pull file for review for compliance and attach	
		1. Authorization	*N/A should be
		CCAC Application & Client & Household Identification	used for
		Authorization for Release/Exchange of Confidential Information	uncheck areas.
		Other:	
		2. /Eligibility Verification	
		Staff Certification for Eligibility for HPRP	•
		Eligibility Summary	
		3. Intake/Assessment	
		Self-Sufficiency/Housing Barrier Matrix	
		Supporting Documents	1
		4. Housing Verification Sk	elt lette /HMIS
		Certification of Homelessness, or Self Declaration of Housing Status	/
	1	Eviction Notice/Supporting Documentation	
	がないる	Thire Party Documentation	
		tease/Supporting Documentation <u>Utility Shut Off Notice</u> Circle: Applic	cable or Not Applicable
		Auditor's site property search	
		Rent Reasonableness	
		MA Motel/Hotel Assistance Circle: Applicable or Not Applicable Moving Costs Ci	rcle: Applicable or Not Applicable
		Habitability Standards Inspection, If Applicable –copy to Fiscal	_
		Children in household under the age of 6 years old Circle: Yes or No	0
	٠,	Lead Based Paint Inspection, If Applicable- Copy to Fiscal	
		5. Income Verification	•
	. :	Verification of Income, or Self Declaration of Income  CCAC Budget Calculator Form	
	,	Supporting Income Documentation/Verification of Assets	
		6. Services	
		Client Action Plan	
		HMIS Change Status For	
		7. Financial Documentation	
		LAMAS Financial Assistance Form- Green	
		Landlord Letter	
	;	Supporting Documentation	
'p •		8. HPRP Exit/Closure	
	æ.	MMIS Exit Form – Pink	,
		HPRP Self-Sufficiency/Housing Barrier Matrix	
		HPRP Self-Sufficiency/Housing Barrier Matrix – Due 6 months after closure Date:	
		Other:	

hake co

HUD 2014 Fa	ir Market Rents (EMR)					
I.L.D. I Meetive Dajer	Ortober 1, 2013.		î de la constant			
County	Area Name	Efficiency	. 1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Adams County (Janeoung)	Adams County, OH	\$417	\$486 \$489	\$614 \$615	\$778	\$821
Ashland County	Ashland County, OH	\$381	2503	\$641	\$816 \$907	\$88 \$948
Asintaby (alcounty)	Encountering Office and the state of the sta	21. 6 107	1 2 2 13	Charles the book of the book of	2837	JBA
Athens County	Athens County, OH	\$566	\$591	\$701	\$882	
Auglaize County  Belmont County	Algiane county of the state of	0			**************************************	THE HEALTH
Brown Gounty	Brown County Of Helimen Chimbars and	2 2 2 2				
Butler County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	S				
canal canay	IERON (MEMBO) OF MOAP					
Champaign County	Champaign County, OH					
Clermont County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	3-92 5-1-10				
dimonsteady — 1	elaran county on the second					
Columbiana County	Columbiana County, OH Sosnerton County, OH					
Crawford County	Crawford County, OH					
Covaho ga County	abothologiesenprorvisse					
Darke County	Darke County, OH	Acres supercent/ass				
Behange county Delaware County	Debance Columbia Marco FMR Area	16.15.2				
Enter county	COMMISS, OF FICE WELLS FMX ATES					
Fairfield County	Columbus, OH HUD Metro FMR Area	Walter selection to the				
Fayerte County	luvini danny etis ili. 1150 min 150 min					
Franklin County	Columbus, OH HUD Metro FMR Area	all control of				
Galila County	Gallia County, OH	- CONTRACTOR				
George County	Cerval resemblings of Grands The War 1997 And 1997					
Greene County	Dayton, OH HUD Metro FMR Area	\$483	A. Samuel Manuel A.	\$712	to be a second to the second t	Mary and Assessment Assessment
Gvernsey Gounty Hamilton County	Clicinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442		\$735	\$160	THE PROPERTY OF CO.
Hansov (county :::	Hancoc Scanny (b)	338	1	THE PROPERTY WHEN SAN THE THE	\$10,18 \$102	\$1,12
Hardin County	Hardin County, OH	\$402	\$479	\$614	5848	
Barrison County	and son Gount Collection and the second	\$18	Maria (1985)	-14 - 150		
Henry County Highland County	Henry County, OH	\$424	and the control of the second control of	COLD IN CASE OF THE PERSON NAMED IN		
Hocking County	Hocking County, OH	\$417	TANK TO A PROPERTY OF A	The second secon		
Holmes County		i shi	THE RESERVED ASSESSED.	9 2 3 1 301	STATE OF THE PARTY.	382
Huron County	Huron County, OH  Jackson County, OH	\$365	PROPERTY AND PROPE	THE RESERVE OF THE PERSON OF T	Shart To Day No.	
Jefferson County	Steubenville-Weirton, OH-WV MSA	\$43	5 2 549	Contract Con	manufactured construction before	Special Printers and the Man
Monteounly	to knowledge the system of the transfer of the system of t	177		10004	\$90	
Lake County	Cleveland-Elyria-Mentor, OH MSA	\$49	3 ( \$59			
Licking County	TOURS OF HUD Metro FMR Area	\$49	8 \$62	\$64	man morning the which	510
logan county		and the own management the state of	3 2 4 5 4 6		and principles of the last	American Company of the Company of t
Lorain County	Cleveland-Elyria-Mentor, OH MSA	\$49			0 \$1,00	THE RESERVE OF THE PERSON NAMED IN
unasteouny		cap.	matter graphics and girly att			39/
Madison County Mahoning County	Columbus, OH HUD Metro FMR Area  Odnestown Walten Boaldman, OH HUD Metrolism Rates:	\$49	District the a title of contraction	theory and a service march area	6 \$1,03	E SHIP IN THE PARTY OF THE PART
Marion County	Marlon County, OH	\$48	PARTITION DESIGNATION	CELLOS DE MANAGEMENTOS PARA BENEZA	and the same of the same of	
Medha (compy		\$49 1	21 (8)		0.11.25.11.00	y 14 - 15 140
Melgs County Mercer County	Melgs County, OH Mercencounty, OH	\$41	CTALLIN VINNE COLUMN (New York)	alide or or or or owner, and where	Notes the second	
Miami County	Dayton, OH HUD Metro FMR Area	\$48 \$48	the terms where the property and the last way	THE PERSON NAMED IN	Transport to the second	
MonroelCounty			Official and a few forms and the second of the second	Colored Statement Statemen	4. \\ S/U	
Montgomery Count		\$48	DESCRIPTION DAMPED AND ADDRESS OF THE PERSON NAMED IN COLUMN 2 IN	PR PA des TIL	S. Control of the Local Division in which the	3 \$1,0
Morgan County	Morgan County, OH - Columbus, OH HUD Metro FMR Area	\$45 \$45	the second second second second	0 (86)	Carrie of the latest of the la	TO COLUMN THE PARTY OF THE PART
	): Minklosum Councy OH		78 S 12 S 12 S 1	minatana en en ornemer	6 \$1,03	NO PROPERTY AND ADDRESS OF THE PARTY OF THE
	Noble County, OH	\$47	Constitution in Capital And Market makes	the state of the s		
Noble County	Home County, Ort	34	- Marie - Marie - No. of the Co.		30	12 33
Noble County Ottawa County Paulding County	Faulding County, OH	E SAI S4	): S5	65 - 1 - 16	)) = 1 = <b>5</b> 9	S

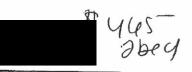
\$ 600 Heat unclude of

Lake Co.

REGION 5: HCRP Recertification Form (Complete a new form for each scheduled recertification)

Program Entry Date:   HMIS Client ID:   Area Muedian Income for Household   S10% Area Median Income at Program Entry:   Date of Month 3 Income Review   Date of Month 6 Income at Program Entry:   Date of Month 1 Income at Program Entry:   Date of Month 3 Income Review   Date of Month 6 Income at Program Entry:   Date of Month 1 Income Section II Income Activation:   Income at Program Entry:   Date of Month 6 Income Review   Date of Month 6 Income Review   Date of Month 7 Income Activation:   Income Section II Income Hale Changed   Premy Art	Head of Household Name:	First	Mid	Middle Initial				Last		
try:         Date of Month 3 Income Review         Area Median Income for Household         ≤30% Area Median Income Review         Date of Month 9 Income Review         Date of Month 9 Income Review         PRIMARY FACE         secondary         Fig. 2 Or Month 9 Income Review         PRIMARY FACE         secondary         FRACE         Or Month 9 Income Review         PRIMARY FACE         SECONDARY         PRIMARY FACE         SECONDARY         PRIMARY FACE         SECONDARY         PRIMARY FACE         SECONDARY         PRIMARY FACE         PRIMARY FACE         SECONDARY         PRIMARY FACE         PRIMARY FACE         SECONDARY         PRIMARY FACE         SECONDARY         PRIMARY FACE	Program Entry Date:	HMIS Client ID:	10,			Client Phon	Mirmhar			
try:         Date of Month 3 Income Review         Date of Month 6 Income Review         Date of Month 9 Income Review         Returnship Income Review         Date of Month 9 Income Review         Date of Month 9 Income Review         Returnship Income Review         Date of Month 9 Income Review         Returnship Income Review         Date of Month 9 Income Review         Returnship Income Review <t< td=""><td>Income Calculations</td><td>Number in Household</td><td>3</td><td>Area Medi</td><td>an Incor</td><td>ane for House</td><td></td><td>% Area M \$   3 , 2</td><td>edian Income</td><td>d)</td></t<>	Income Calculations	Number in Household	3	Area Medi	an Incor	ane for House		% Area M \$   3 , 2	edian Income	d)
11S	Income at Program Entry:	Date of Month 3 Income Rev	riew	Date of Mo	onth 6 In	ıcome Reviev		e of Mant	h 9 Income R	teview
11.5	Change Household Configuration:		,	· · ·	MARY RACE	SECONDARY RACE	HISPANIC (Yes or No)	GENDER	RELATION-SHIP TO HEAD OF HOUSEHOLD	VETERAN (adults only Yes or No)
INCOME WITHIN THE LAST 30 DAYS	Add/Remove from HMIS									
INCOME WITHIN THE LAST 30 DAYS	Add/Remove from HMIS									
INCOME WITHIN THE LAST 30 DAYS		Only Complete Income Section If Inco	ome Has Cha	nged:						
Cash assistance/TAN F		INCOME WITHIN THE LAST 30 DAYS	AMO			COME WITHIN TH	IE LAST 30 DA			
Cash assistance/TANF   Unemployment	Date of Certification:	☐ Alimony/spousal support								
Child support							+			
Income from employment/wages	Total Household Income:						bility		-	
Pension from a former job	Drome Changed?	1				- 1	ion			
□   Retirement from Social Security	Yes (No)						pensation			
ly Complete Benefits Section if Non-Cash: Benefits Have Changed  N-CASH BENEFITS  Food Stamps - Amount \$  Medicare  Medicare  State Children's Health Insurance (Healthy Start)  Section 8, Public Housing, Rental  No  No  No  No  No  No  No  No  No  N	) .	1						-		
N-CASH BENEFITS  In Food Stamps - Amount \$  In Food Stamps - Amount \$  In Food Stamps - Amount \$  In Medicare  In Medicare  In Medicare  In State Children's Health Insurance (Healthy Start)  In Section 8, Public Housing, Rental  In TANF child care  In Other:  In Medicare  In Medicare  In Other TANF transportation services  In Medicare  In Me		Only Complete Benefits Section if No	n-Cash Ben	efits Have Cha	nged					
Food Stamps - Amount \$  Medicaid  Medicare  State Children's Health Insurance (Healthy Start)  Section 8, Public Housing, Rental  TANF child care  No	Non-Cach Bonofite at	NON-CASH BENEFITS		WH	0				-W	9
Medicare  Medicare  State Children's Health Insurance (Healthy Start)  Section 8, Public Housing, Rental  TANF child care  No	Recertification:	Food Stamps - Amount \$					NF transportation	on services	10	
Medicare  State Children's Health Insurance (Healthy Start)  Section 8, Public Housing, Rental  TANF child care  No		□ · Medicaid					ner TANF services			
State Children's Health Insurance (Healthy Start)  Section 8, Public Housing, Rental  TANF child care  No  Recertification Complet		□ Medicare					mporary rent			
Section 8, Public Housing, Rental TANF child care No	Chapter Chapter	State Children's Health Insurance	(Healthy Start	•		_	eran's medical se	ervices		
No ·	Yes No						ا ا			
No					17.7		1 Y V V V V	ANDIONA	NK./	
	Household Recertification: (			Rece	rtificatic	on Completed	DY: VVVV		XX	





HUD 2014 Fa	ir Market Rents (FMR)		2 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -			
ILU.D/ Effective Date: (		Lary kod				
County Adams County	Area Name	Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Allen County	Adams County, OH	5417	<b>548</b> 6	\$614	\$778	\$821
Ashland County	Ashland County, OH	\$381	\$489	\$655 \$641	\$816 \$907	\$888 \$948
Ashtabula Gounty	Ashlabula Grunty, Ohlor Jacob Landon (1997)	\$407	\$175	\$618	3907 3839	Chief Control of Control of Chief Street Str
Athens County	Athens County, OH	\$566	\$591	\$701	\$882	\$937
Auglaire County	everalize Sounty (el.) Wheeling, WV-OH MSA	5380	\$475	\$642	1882	31/056
Brown County	Brown County, e.H.H.D. Metor MB Area	\$466	\$493 \$493	\$614 \$614	\$788 \$871	\$821 \$931
Butler County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
carroll county.	ranton: Vias Plummola 1928	19/100	= (±		(1) (187/5)	\$924
Champaign County	Champaign County, OH Springrield, O) F VASA	\$400	\$502	\$614	\$905	\$976
Clermont County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$486. \$442	\$554 \$554	- 2013 5336	\$939	917030
Clinton County	Centon county of the second se	\$470	3334	\$735 \$648	\$1,018 \$846	\$1,121 \$1,010
Columbiana County	Columbiana County, OH	\$391	\$476	\$614	\$813	\$890
Costocron County		2500	1481	\$612	2816	\$867
Crawford County Guyahoga County	Crawford County, OH  GEVERNHEI (714 MENIO) OHANIA	\$383	\$461	\$624	0882	\$883
Darke County	Darke County, OH	\$449	\$506	\$750 \$614	\$1,005	H 2100
Defininge County	Deliance County OH		\$176	3014	\$887	\$997 \$1,045
Delaware County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Fairfield County	Santisky: OHIMSA:	\$474	1000	71-1-1 <b>-15</b> /96	\$1,037	
Fayette County	Columbus, OH HUD Metro FMR Area	\$498	\$620	9082	\$1,039	\$1,202
Franklin County	Columbus, OH HUD Metro FMR Area	\$498	\$518 \$620	\$701a \$806	\$873 \$1.039	\$1,036
Fulton Gounty	(Oledo)(ORIMSA Parts See High 19 and 19	\$401	\$516		31,039	\$1,202 \$968
Gallia County	Gallia County, OH	\$417	\$494	\$614	\$810	\$914
Geauga County Greene County	Cleveland Eliyla: MENTON, OHEMSA  Dayton, OH HUD Metro FMR Area	5493	-8592	HARMAN CALLS	\$1,005	THE STORY
Guernsey County	GUEINET COUNTY OH	\$483	\$543	\$712 \$614	\$953 \$767	\$1,068
Hamilton County	Cincinnati-Middleton, OH-KY-IN HUD Metro FMR Area	\$442	\$554	\$735	\$1,018	\$1,121
Hancock County	Hancock county for the second	2384	1 SA912	4629	III THE RESIDENCE OF THE PARTY	\$940
Hardin County	Hardin County, OH Barkson County, OH	\$402	\$479	\$614	\$848	\$1,022
Henry County	Henry County, OH	\$424	\$515	\$624	\$874	REAL PROPERTY OF
Highland County	Hebland County (21)	\$375	THE RESIDENCE OF THE RESIDENCE OF THE PARTY		\$906	\$1,105
Hocking County	Hocking County, OH	\$417	\$480	\$614	\$815	\$821
Holmes County	romesicouniy/iou	\$417	THE REAL PROPERTY AND PERSONS ASSESSED.	3014	3772	\$821
Jackson County	Huron County, OH Lackson Econty, OH	\$365 \$496	\$464 \$513	\$614 \$614	\$862	\$972
Jefferson County	Steubenville-Weirton, OH-WV MSA	\$432	\$499	\$614	\$810 \$823	\$824 \$943
Кпрх Социну	Knox (co., your control of the co., you can be control	\$514	\$513	\$645	\$900	3966
Lake County	Cleveland-Elyria-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Lawrence County	Horitington Ashano VV VVGH MSA Columbus, OH HUD Metro FMR Area	238	\$5231	364)	3849	\$1,043
togan County	Man Loudy Office and Alexander	\$498 \$463	\$620 \$466	\$806 \$631	\$1,039	\$1,202
Lorain County	Cleveland-Efyrla-Mentor, OH MSA	\$493	\$592	\$750	\$1,005	\$1,037
Lucas County	(Oledo, OH) ASA	75403		\$677	\$913	FOR WARDS AT HE ST THROUGH THE PER ST.
Madison County Mahoning County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039.	\$1,202
Marion County	Youngstown: Warren Boardman, OH HDD MetroiPMN Area Marlon County, OH	\$4542 \$480	12 (2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	\$637	\$840	\$888
Medina County		3480	\$545 \$592	\$700 \$750	\$928 \$1,005	\$1,027 - \$1,032
Melgs County	Melgs County, OH	\$417	\$463	\$614	\$798	\$932
Mercet County	The state of the s		COMPANIES CON SALLOR	\$11	\$850	\$853
Mlami County Monroe County	Dayton, OH HUD Metro FMR Area Monroe Gouphy OH	\$483	\$543	\$712	\$953	\$1,068
Montgomery County	Dayton, OH HUD Metro FMR Area	\$483	\$543	\$614; \$712	\$953	.,
Morgan County	Morean Gounty, College	3465	C OTTO BY CALLED THE PROPERTY OF THE	COMPANY OF THE PARTY OF THE PAR	\$905	\$1,068
Morrow County	Columbus, OH HUD Metro FMR Area	\$498	\$620	\$806	\$1,039	\$1,202
Muskingumicounty  Noble County	Musicingum County OH:	<b>電话網路</b>	ALL AND ADDRESS OF THE PARTY OF		1000000	\$1,002
Ottawa County	Toledo, OATIVISA	\$478 \$403	\$481 \$516	\$614 \$677	\$845 \$913	1002
Paulding County	Paulding County, OH	\$417	\$486	\$614	\$785	\$966 \$821
					-,00	8021